

Sheriff Robert 7. Doyle

Undersheriff Dennis Finnegan

"In Partnership with Our Communities"

Enrollment Application

Full Legal Name:		Mr	Mrs	Ms	
Commonly Used Name:					
Home Address:					
Home Phone #:	Wo	Work Phone #:			
Employer:	Occupation	Occupation:			
Work Address:					
Drivers License #:	Social Secu	Social Security #:			
Birth Date:	Height:	Weight:	Hair:	Eyes:	
Briefly explain why you would like to	participate in the Citizen Aca	demy <u>:</u>			
How did you hear about the Sheriff's	Citizen Academy?				
All applicants for the Sheriff's Citizen A √ Live in or own a business in M √ Minimum age of 21 years √ Have no felony convictions √ Have no misdemeanor convict	Iarin County.	Ü			
Any requirement may be waived Applications will be kept for one about the Citizen Academy, please ca	year and used as consideration	on for future cla	sses. If you hav	re further questions	
I understand that by participating in the facilities, areas, and equipment not gen and I am authorizing the Marin County investigation, am not involved in any cany misdemeanor convictions within the	nerally available to the public. Sheriff's Department to verivil litigation with the County	Therefore, I am fy that I am not	n providing the a the subject of an	above information on-going criminal	
Signature:	Da	te:			
Signature:	Mail completed application	ation to:			
	Marin County Sheriff's I)enartment			

Marin County Sheriff's Department
Crime Prevention
3501 Civic Center Drive, Room 145
San Rafael, CA 94903